



# CITY OF HORSESHOE BAY



## PEDDLERS & VENDORS PERMIT APPLICATION

Date \_\_\_\_\_

### COMPANY/ORGANIZATION

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Complete list of goods to be sold and/or services delivered: \_\_\_\_\_

### APPLICANT

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ OR

Social Security Number: \_\_\_\_\_, and Official Government Issued Picture

Identification Card Number: \_\_\_\_\_

Texas Sales and Use Tax Permit: \_\_\_\_\_ (Please attach copy of permit to application)

Have you ever been convicted of a felony of any nature or any other crime of moral turpitude in this state or any other state? ☐ Yes ☐ No

If answer is yes, please give full statement as to the place of conviction and the crime for which you were convicted \_\_\_\_\_

I swear or affirm that the above statements are true and correct.

\_\_\_\_\_  
Applicant's Signature

### VEHICLES TO BE USED IN SOLICITING

Vehicle #1:

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

Vehicle #2:  
Year \_\_\_\_\_ Make/Model \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_

**APPLICANT'S ASSOCIATES**

Associate #1 Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ OR  
Social Security Number: \_\_\_\_\_, and Official Government Issued Picture  
Identification Card Number: \_\_\_\_\_

Have you ever been convicted of a felony of any nature or any other crime of moral turpitude in this state or any other state? ☐ Yes ☐ No

If answer is yes, please give full statement as to the place of conviction and the crime for which you were convicted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I swear or affirm that the above statements are true and correct.

Applicant's Signature \_\_\_\_\_  
=====

Associate #2 Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ OR  
Social Security Number: \_\_\_\_\_, and Official Government Issued Picture  
Identification Card Number: \_\_\_\_\_

Have you ever been convicted of a felony of any nature or any other crime of moral turpitude in this state or any other state? ☐ Yes ☐ No

If answer is yes, please give full statement as to the place of conviction and the crime for which you were convicted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I swear or affirm that the above statements are true and correct.

Applicant's Signature \_\_\_\_\_  
=====

**FOR CITY USE ONLY:**

Date Received: \_\_\_\_\_  
Application Denied: \_\_\_\_\_  
Application Approved: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Permit #(s): \_\_\_\_\_ Date Issued: \_\_\_\_\_ Fee: \_\_\_\_\_ Pd: ☐ Ck ☐ Cash